

09-20-06

IFW

PATENT APPLICATION



Art Unit: 3743
 Examiner: Ali, Shumaya B
 Atty. Docket: 7432-0046
 Applicants: Moenning and Irlbeck
 Invention: DENTAL ANESTHESIA ADMINISTRATION
 MASK AND EYE SHIELD
 Serial No.: 10/647,991
 Filed: 26 August 2003

CUSTOMER NUMBER: 000031425

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	SMALL ENTITY		OTHER	
TOTAL CLAIMS	35	35*	0	Rate x \$25	\$ 0.00	Rate x \$50	\$00 .00
INDEP. CLAIMS	6	6**	0	Rate x \$100	\$0.00	Rate x \$200	\$ 00.00
TOTAL FEE FOR ADDITIONAL CLAIMS						\$0.00	

* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).

The required fee for filing this extension is: \$ 0.00

TOTAL FEE FOR THIS AMENDMENT

\$ 0.00

A check in the amount of \$ _____ to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiana's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.

Attorney of Record
 Printed Name: E. Victor Indiana
 Registration No.: 30,143

INDIANO VAUGHAN LLP



One North Pennsylvania Street, Suite 850
Indianapolis, Indiana 46204
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3743

Certificate of Express Mailing Under 1.10

Examiner: Ali, Shumaya B

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Atty. Docket: 7432-0046

Dated: 18 September 2006

Applicants: Moenning and Irlbeck

Signature:

Marianne E. Ries

Invention: DENTAL ANESTHESIA
ADMINISTRATION MASK AND
EYE SHIELD

Exp. Cert. No.: EV878931920US

Serial No.: 10/647,991

Deposit Account

The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to:
Deposit Account No. 50-1590

Filed: 26 August 2003

CUSTOMER NUMBER: 000031425

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT UNDER 37 C.F.R. § 1.111

Dear Sir:

In response to the Notice of Non-Compliant Response of 07 September 2006, Applicants respectfully request entry of the following amendment.